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ABSTRACT

GRADES OR AGES: K-12. SUBJECT MATTER: Drug education. ORGANIZATION AND PHYSICAL APPEARANCE: The introductory material includes objectives, a discussion of drugs as a community problem, suggestions for teaching about drugs, and the teaching of values. The program content is divided into primary grades, grade four, grade five, grade six, the middle grades, and senior high. Additional material includes teaching resources, bibliography, glossary (classification of drugs, drug slang, and technical terms), and current laws relating to the control of drugs. The guide is mimeographed and staple-bound with a soft cover. OBJECTIVES AND ACTIVITIES: General objectives are listed in the introductory material. Typical activities are suggested for the various grades. INSTRUCTIONAL MATERIALS: Resource materials listed include people and organizations, books and pamphlets, and films. STUDENT ASSESSMENT: No provision is made for student evaluation. (Related document is SP 007 319) (MBM)

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A

DRUG EDUCATION

PROGRAM

CHAPEL HILL

CITY SCHOOLS

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PREFACE

A drug education program has been initiated in the Chapel Hill City Schools because of a recognition that the abusive use of drugs is a growing problem in this community and throughout the country. We believe that law enforcement alone cannot solve the problem of drug abuse. Neither can any other attempt by a single public agency. The problem must be approached by the total community - working together. Education is perhaps the most important activity by a community in its attempts to eliminate the problem.

The Chapel Hill Board of Education has approved the implementation of a Family Life Education program for grades K - 12 in our school system. A very important part of this program is to provide learning experiences for students regarding the uses of drugs, alcohol, and tobacco. This curriculum guide is concerned primarily with drug abuse. The teachers in our school system are requested to provide this information in a manner which is most suitable to their style of teaching. It will be noted that this Curriculum Guide attempts to go beyond "information about drugs." We believe that rapidly changing values in our society are a major contributing factor to the current drug abuse problem. Young students lacking a well-developed value system often turn to drugs. Consequently, a significant aspect of this Guide is its attempt to suggest learning activities which will contribute to the development of a "valuing process" (see teaching units).

A special thanks is given to Mrs. Barbara Kramer, Guidance Counselor at Guy B. Phillips School. Mrs. Kramer not only made significant contributions to this Guide, her continuing interest in Drug Education has been a major factor in encouraging others to examine the problem.

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Wilmer S. Cody, Superintendent
Donald G. Hayes, Assistant Superintendent
Curriculum and Instruction

March, 1970

I N T R O D U C T I O N

It is openly accepted today that we are a drug-using society. Drugs are used both legally and illegally to alleviate all types of pain and discomfort. We are currently faced with a growing problem of drug abuse. "This problem reaches deeply into our values, aspirations, and fears. It is an emotionally charged area for most of us, "Says Dr. Robert Peterson of NIMH. Teachers are being called upon to do something and they face the difficult task of deciding just what and how to teach about drugs.

Although a knowledge of the various drugs and their effects on users and abusers is extremely important, the consideration of the act of drug use itself cannot be over-emphasized. "Drug abuse is an act; a behavior, and as such should be fully investigated and understood by the students. The reasons for one's actions should therefore become an important part of drug education. The best deterrent to drug abuse is the individual's value system and his assessment of the consequences associated with drug involvement. Decision making can be aided when sensitive teacher-pupil relationships based upon mutual understanding, integrity, and honesty are established. Exaggeration, distortion and sensationalism are propaganda, not education, and have no place in the school." [1]

The Chapel Hill City Schools has attempted to develop a curriculum on Drug Education which outlines the material to be taught at the Elementary, Junior High, and Senior High levels. The Curriculum Guide includes

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[1] Marvin R. Levy, "Background and Considerations for Drug Programs" Resource Book for Drug Abuse Education, p. 3, National Institute of Mental Health Publication

suggestions for teacher presentation of the material, what material is to be covered at each grade level, suggested questions to improve discussion, suggested activities to involve the students, and a list of readily available resources. We believe that it will contribute to Chapel Hill's community-wide effort to combat drug abuse.

O B J E C T I V E S

(from the Stamford, Connecticut Curriculum Guide)

1. To create an awareness of the total drug problem - education, prevention, treatment, rehabilitation, law enforcement on the local, state, national, and international level.

2. To inform the students of the effect on the body of various types of drugs-- tobacco, alcohol, hallucinogens, stimulants, sedatives, and narcotics.

3. To relate the use of drugs to physical, mental, social and emotional practices.

4. To encourage the individual to adopt an appropriate attitude toward pain, stress and discomfort.

5. To develop the ability to make intelligent choices of attitude or action based on facts, and to develop the courage to stand by a person's own convictions.

6. To understand the personal, social, and economic problems causing the misuse of drugs.

7. To emphasize the need for seeking professional advice in dealing with problems related to physical and mental health.

8. To develop an interest in preventing illegal use of drugs in the community.

A COMMUNITY PROBLEM

Chapel Hill, like many other communities, is faced with the problem of drug abuse. According to the police and the "hip" community, the use of drugs is constantly increasing.

The Chapel Hill Police has confiscated a wide variety of drugs: glue, marijuana, hashish, dozens of pills (amphetamines, barbiturates, combinations), LSD, STP DMT, peyote, mescaline, methedrine, Heroin and other substances and utensils. The February 20th, 1970 issue of the Chapel Hill Weekly stated that the police and hip community agree that there are 100 - 150 heroin addicts in the Chapel Hill - Carrboro Community, mostly between the ages of 18 and 22. Several weeks before this publication, 18 persons were arrested, all between the ages of 17 and 22, on charges of possession, with intent to sell, of illegal drugs. It was observed that most of those arrested were users themselves. Thus, it has been clearly indicated that there is a broad spectrum of drug usage in this community.

There have been incidents in the High School and Junior High of students attending classes "high" on drugs, students getting sick in school as a result of drug abuse, and students selling or passing around a various assortment of drugs, from dangerous drugs to vitamins.

Members of the Chapel Hill Community began to show their concern early in the Fall of 1969. A committee, known as the Drug Action Committee was formed by concerned citizens who made it their goal to better understand the drug problem, to educate themselves and the rest of the community, and to work towards meaningful solutions to the drug problem.

The community to date has attracted a diversified group of people; prominent members of the community, educators, parents and students. The committee has sponsored a consultant, Mrs. Bella Wheeler from Wakefield, Mass. and flew in two members of Synanon, a California - based operation which works with addicts. The committee has also sent several of its members to Project Place, in Boston, Odessey House, Daytop Village, Synanon and a National Institute on Narcotics and Dangerous Drugs in Chicago, to learn more about solutions to the Drug problem.

The most significant action this committee has taken has been to encourage and finance a group of young people from the "hip community" who have set-up a 24 hour center, known as Switchboard, a location to call or come to for information about a variety of topics, particularly drugs. Also, it is an emergency center for those having an adverse reaction to drugs. Individuals staffing Switchboard utilize many community resources such as medical doctors, psychiatrists, hospital staff, lawyers, ministers and interested parents.

TEACHING ABOUT DRUGS

from Students and Drug Abuse, National Institute of Mental Health
Drug abuse is many things. It is the heroin user injecting his bag of H, the Methedrine user high on "speed," the teen-ager smoking "pot," the 12-year-old sniffing model air-plane glue. But it is also the adult starting his day with an amphetamine for needed "pick-me-up" and ending it with several drinks to "unwind" and a barbiturate to put him to sleep.

The problem of drug abuse reaches deeply into our values, aspirations, and fears. It is an emotionally charged area for almost all of us. making effective communication difficult. It is not surprising that teachers, who are being called upon increasingly to "do something" about growing drug use, are frustrated and troubled about how to go about it.

It is a task that demands extremely careful preparation and implementation. Yet most teachers have few resources with which to mount an effective drug abuse prevention program. Useful materials on the subject have been scarce. Further, where programs have been initiated to combat drug abuse, they have often been hampered by inadequate or inaccurate information. Few teachers have the necessary preparation for evaluating drug-oriented materials (and a great many words have been spoken and written about drugs that perpetuate myths).

This article contains brief summaries of factual information on the major drugs of abuse, and some hints that have proven helpful in communicating with young people who are thinking about drugs or have already experimented with them.

These suggestions are only an introduction to ways in which teachers can strengthen relationships of trust and understanding with students in this highly charged area, and open up dialogue and discussion - which is far more likely to influence youth attitudes and behavior than the lectures and sermons that all too often have marked the crusade against drugs.

To enhance their skills in the use of drug materials, teachers may seek opportunities for inservice training in drug abuse education. The resource materials that will be available from NIMH in the fall of 1969 will assist school systems inworking up such programs.

SOME CONCRETE SUGGESTIONS

Avoid Panic. Teachers are in a particularly good position to encourage parents, students, and the community to remain level-headed about drug abuse.

Drug abuse, like other forms of aberrant behavior, may have varying causes. For some, it may represent ill-advised experimentation; for others it may indicate basic or adolescent psychological problems. If a teacher has reason to believe that one of his students is experiencing serious emotional difficulties, consultation should be sought with the school counselor and a conference arranged with the parents with a view to obtaining professional help for the youngster. Some types of behavior that may be associated with serious problems include: Loss of interest in school and social relationships with others, marked alteration in behavior, deterioration in physical and personal appearance, and the development of problems in dealing with school and parents. Since the reasons for drug use vary widely, so must the approaches to individual students.

While the teacher can play a role in referring suspected problems to the proper authorities, a panic reaction expressed either to the student or to a parent can serve only to alienate the student further and to confuse what should be straight-forward, objective, and professional action if the student needs help.

KEEP LINES OF COMMUNICATION OPEN

Encouraging an atmosphere in which the student feels free to confide in parents and teachers and to discuss his concerns is an important first step. Obviously, the size of present classes often makes personal contact difficult. At the same time, if the student realizes that his parents and teachers are making a genuine effort to understand his point of view, this realization is likely to help him in the process of growing up. Although it's sometimes difficult, it's importnat to avoid being moralistic and judgmental in talking about drugs and drug users.

Many adults, including teachers, feel uncomfortable and defensive about discussing drugs with teenagers. This is sometimes due to awareness of our own inconsistencies in the use of everyday substances like tobacco and alcohol. Nevertheless, there are good and convincing arguments against the use of drugs which can be stated in terms that are persuasive to youth. For example, some teen-agers see the use of drugs as one way of developing heightened self-awareness or of enhancing their inner freedom. Pointing out the diffculty of achieving these goals if they become drug-dependent may help them realize the fallacy of this view-point. Similarly, if young people are to improve the society of which they are critical, they can only do so by remaining a part of it rather than by chemically "copping out."

AVOID "SCARE" TECHNIQUES

Use of sensational accounts or scare techniques in trying to discourage drug experimentation is usually ineffective because the teen-ager's direct knowledge frequently contradicts them. Teen-agers are demanding - and are entitled to - honest and accurate answers. Given the facts, youngsters often quickly respond. The apparent decline in LSD usage, for example, is believed to be related to the well-publicized reports of possible adverse psychological and potential biological hazards.

It is impossible to eliminate or legislate away all possible substances of abuse. The individual decides for himself whether to use or not use drugs. To be effective, prevention ultimately must be based on each student's decision not to use drugs because they are incompatible with his personal goals. Emphasizing that no authority, whether school official or police officer, can make that ultimate decision for him may help the youngster clarify his personal responsibility. It may also help to reduce the adolescent tendency to view drug abuse as an act of rebellion.

Because the abuse of drugs frequently carries with it heavy legal penalties, it is important that youngsters be aware of the possible long-term results of their behavior. While this should not be the primary emphasis, the legal and social implications over a lifetime should be indicated as two of the essential factors to be taken into consideration in any decision to use or not use drugs. Some young people, feeling keenly that certain drug laws are unjust, advocate violating them. Thoughtful discussion of the implications of such violation and of whether the use of drugs is sufficiently important to them to justify such extreme measures may be helpful.

AVOID CREATING AN ATMOSPHERE OF DISTRUST AND SUSPICION.

Like many parents, some teachers, anxious to discourage drug abuse, are likely to assume that any departure from the preferred styles and customs of the majority is indicative of drug abuse. Youngsters who have tried or are using drugs come in all sizes and shapes - with short as well as long hair, and conventional clothes as well as eccentric dress. So do those who don't use drugs.

By equating unconventional appearance with drug abuse, we may encourage the very behavior we're trying to avoid. At a minimum, the youngsters is likely to feel that the conventional world is completely opposed to any originality or creativity that does not fit a common mold and that the price of acceptance is complete conformity. While his external appearance may conform to the norm there is no assurance that the drug abuse will not become his private mode of rebellion.

Since the problem of teen-age drug abuse embraces a wider range of substances than those prohibited by law, even an attitude of active suspicion and continuous surveillance, were that possible, would not eliminate the problem. It would, however, almost certainly destroy the climate of trust and confidence essential to the intergenerational communication that is desirable in preventing abuse.

AVOID DRUG STEREO TYPES.

Many of us, when we think about the drug misuser, immediately think of some more or less vague stereotype of "the addict." Similarly, we often tend to think of all the misused drugs as being generally alike. Nothing could be further from the truth, Present evidence suggests that the vast majority of youngsters who experiment with marihuana, the most popular illegal drug of abuse, do so on a one-time, experimental basis.

Drugs differ widely in their chemical composition and, more important, perhaps, in their effects - depending upon the personality of the user and the circumstances of use. The person who misuses drugs may vary from the onetime user experimenting out of curiosity to the chronic, heavy user who is psychologically dependent on a drug. While some types of drug misuse may be fairly apparent even to the untrained observer, other types may be so subtle as to escape the detection of even the expert.

Although some drug users go on to the use of more potent types of drugs, many others do not. Just why some users become dependent on particular drugs and others do not is not very clearly understood. It may be related to personality development, but physiological factors may also play a role. While a physical dependency on the drug plays some role, psychological dependence appears to be more important. Physical dependence on heroin, for example, can be cured in a relatively short time; yet the heroin addict has a very difficult time avoiding using the drug again upon discharge from treatment.

BE WELL-INFORMED YOURSELF ABOUT DRUGS.

Much information is available about the drug problem - some of it accurate and useful. But unfortunately much of what is published tends to be overdramatized and frequently inaccurate.

Much of the controversy over the effects of marihuana and its control, for example, results from overinterpretation or misinterpretation of what litte data are presently available. Drug-use advocates frequently use the scarcity of scientifically reliable information as a basis for arguing that marihuana and other drugs are harmless. The absence of complete agreement based on reliable evidence that a substance is harmful

does not, of course, demonstrate its harmlessness. Often, relatively long-term use of a substance is required before its public health implications are apparent. Cigarette smoking provides an obvious and apt example. While American experience with marihuana is of relatively short duration, foreign research studies, though often difficult to interpret, suggest that long-term use of marihuana may be detrimental to the health of the user.

A discussion of the implications of various social policies regarding marihuana and public health is one approach that may enable you to reach your students. The social problems of adding another intoxicant of unknown long-range implications to our present difficulties with alcohol may be the subject of profitable discussion. Another topic which might stimulate good discussions among intelligent youngsters and their teachers is the problem of allowing a harmful drug to become popular and then subsequently making it illegal. It might also be productive to discuss some of the originally unsuspected deleterious effects of drugs, such as the birth defects resulting from use of Thalidomide.

USE DRUG EDUCATION MATERIALS AS A SPRINGBOARD TO DISCUSSION

Even good films, pamphlets, and other materials need to be made personally relevant to students. This can usually be the best through discussion. As teachers skilled in classroom discussion are well aware, much of the art of effective discussion requires that the teacher be a thoughtful and responsive listner as well as a catalyst.

The arguments (often heated) of the student who advocates use of drugs deserves a hearing and, when appropriate, a considered rebuttal. Often a teen-ager's apparent conviction masks considerable uncertainty about the worth of his arguments, which are frequently offered to test their validity and/or the honesty of the teacher. Summarily rejecting the

advocate's points may alter his classroom verbal behavior but it is unlikely to change his thinking. The most probable result of an arbitrary "put down" will be to convince the youngster that adult objections to drug use are merely prejudices.

A student-run discussion on prevention of drug abuse may be even more effective. Teen-agers are frequently far more responsive to the mores and values of their own group than they are to the values of the adult world. Former drug abusers can often be highly effective in communicating with a student group - they can "tell it like it is!"

Use by teachers and parents of alcohol and tobacco is of more than casual interest too teen-agers - all to often this is the thrust of their argument in favor of marihuana. In addition, the problem of compulsive overeating may be discussed as similar to drug dependence. Habits, such as smoking and drinking and even compulsive overeating, can readily serve to illustrate the highly persistent nature of habitual behavior despite strong rational grounds for change.

As adults we can also serve to demonstrate that it is possible to live an involved, truly meaningful life without the use of chemical substances to add meaning or excitement. The adult who is himself "turned on" by life without recourse to drugs is one of the best advertisements for that type of life.

Alternatives to drug use

Youngsters who find satisfaction in other activities are less likely to find regular use of drugs appealing. Aware of this, the teacher may open up for individual or classroom discussion ways in which students are or can become involved in activities that have personal meaning for them.

Many young people, while attempting to appear blasé or uninvolved, feel keenly the problems of our contemporary world, and opportunities for active involvement, such as work with a political party, or a program for slum children, might be encouraged. While a strong interest in other activities may not deter a student from experimenting with drugs, he is less likely to adopt habitual drug use if he feels "turned on" by shared and constructive human experiences.

Adolescence is a lonely time for many youngsters. The teen-ager who is unable to find his place in some orthodox group sometimes turns to drug use as a means of finding a kind of group acceptance. The student who is isolated from others or having more than the usual difficulties in gaining acceptance will sometimes respond very well to a special interest shown by one of his teachers. Even when the teacher is unable to solve a problem, he may serve as a necessary bridge in helping the student get assistance from some specialized professional source. Particularly for the student with a poor home situation, a sympathetic teacher can provide a model of an understanding adult who has no need to escape into a state of drugged unreality.

To help teachers and students equip themselves with the facts about drugs that are abused, simple question-and-answer sequences are pre-

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leading toward constructive personal decisionmaking regarding the use of drugs.

Whenever possible, discussions of drug abuse should be integrated into the general curriculum rather than limited to a specific drug abuse unit or lecture.

T E A C H I N G U N I T S

VALUES

There are several reasons why a Drug Education program should begin as early as possible:

1. A child establishes, while very young either because of values he holds or because of a lack of values, a pattern of living which will largely govern his life. Consequently, school education programs designed to eliminate drug abuse, while certainly no substitute for the training a child may receive at home, should begin when a child enters school.

2. There is evidence of increased use of drugs by very young children.

Recently, the Chapel Hill City Schools initiated a significant program designed to aid students in the development of a "Valuing Process." This effort included the development and dissemination of a booklet to teachers titled Values an in-service training to aid in the implementation of ideas contained in this booklet. The booklet includes ideas from many sources, particularly the book, Values and Teaching by Raths, Harmin, and Simon. Perhaps the most important thing a teacher in the Chapel Hill City Schools might do in educating students to the dangers of drug abuse is to utilize many of the ideas contained in the Values booklet.

The literature concerned with the misuse of Drugs clearly points out the limitations of educational programs re Drug Abuse which are restricted to provisions of providing information to students about the characteristics of drugs, their effects, and laws relating to the misuse of drugs. The literature proceeds to explain that an underlying problem of much drug abuse is alienation.

As the Values booklet clearly states, there are many contributing factors which have created a student population characterized by alienation and disorientation:

1. Rapid changes in our society and in the home with the resulting changes in the values to which the society and homes are committed makes it difficult for students to determine what values will guide their behavior.
2. Exposure to conflicting values via of media contribute to the problems of disorientation.
3. Parents apparently are assuming less responsibility in values instruction with their children.
4. The Church appears to play a diminishing role in values instruction.

It is suggested that the above factors have created an adolescent sub-culture in which students without a commitment to particular values which will govern their behavior and without many opportunities to experience a sense of accomplishment are very unsure of themselves. Consequently, not really knowing how to feel about many things, the young are turning to Drugs.

Quite clearly, the Chapel Hill City Schools if it is to be effective in "educating" students in order to reduce or eliminate a current major social problem must provide the opportunity in schools for students to become committed to those values which are personally satisfying to them and which contribute to the welfare of our society.

The Values booklet presents the "case" for instruction in the development of the valuing process. Further, the booklet outlines techniques which might be employed by teachers.

While the position is taken in this Drug Education Curriculum Guide that the development of a "Valuing Process" is the single most effective activity which may occur in schools to combat the problem of drug abuse, the Guide does not attempt to repeat or duplicate the many valuable suggestions contained the Values booklet. Rather, the teacher is encouraged to utilize the booklet throughout her drug education efforts in recognition of the relationship between values and drug abuse.

The development of a "valuing process" by students requires that they have the opportunity to examine alternatives to various behaviors prior to the development of a commitment to [1] "choosing, prizing, and acting." The teaching of a valuing process should not be viewed as an isolated educational endeavor, i.e., a six-week unit. Rather, such instruction is integrated throughout the total curriculum in all grades by teachers who use the many opportunities which are presented in the regular instructional program. The important point then is that there be a commitment to the importance of instruction in the valuing process and the recognition that such instruction can contribute to the alleviation of the Drug problem. The following are a series of ideas which may be useful to interested teachers. They are not, of course, complete nor is there a precise indication as to how these ideas or other ideas may be used by an imaginative teacher. In the final analysis, the decision rests with the teacher.

Questions for Discussion

Self

1. In what ways are individuals alike and different?

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[1] Values and Teaching by Raths, Harmin and Simon. This excellent book on the teaching of the "valuing" process is available in the Materials Center along with a filmstrip series, Exploring Moral Values.

2. Should people attempt to develop their talents?
3. Why do boys and girls worry?
4. Why do some people grow more quickly than others?
5. Do people have secret wishes?
6. In what ways are all people important?
7. What should one consider before dropping out of school?
8. Why do some people smoke or use drugs or alcohol?
9. Why are some people apathetic?
10. Why do people like to be liked?
11. What are some basic needs of all people?
12. Why are some people shy?
13. What are some desirable habits to develop?
14. Why do people make alibis for some of the things they do?
15. Why do some people use such defense mechanisms as rationalization, negativism, displacement, and compensation?
16. How does one develop self-confidence?
17. Why are some people self-centered?
18. Why is it important for individuals to achieve?
19. What is meant by emotional maturity?
20. What are effective ways to control such emotions as fear and anger?
21. Does one have responsibility to himself?
22. Is it important to "do your best"?
23. What did Socrates mean when he said, "Know thyself?"
24. Why should you take good care of your body?
25. Do individuals have responsibilities to themselves?

Family

1. How is the family different today then it was in 1900?
2. Is there an"ideal family?"

3. How do family members help each other?
4. Why is it important to respect privacy of individuals in a family?
5. Can parents be too permissive with their children?
6. How should authority be determined in the home?
7. How do individuals gain independence?
8. Why do adults drink alcohol or smoke?
9. Should we emulate our parents?
10. What are some ways affection is shown among family members?
11. In what ways might children "help" their parents?
12. Is it important that individuals have chores at home?
13. Should family members do things together?
14. What are some ways to resolve disagreements at home?
15. Do all parents care about the welfare of their children?
16. Do parents expect too much of their children?
17. What do you do if a parent does not understand you?
18. Why is it important that children talk with their parents?
19. Are there some values that do not change?

Peer Realtionships

1. How are individuals influenced by others?
2. Why do people live in groups?
3. Why do people like to have friends?
4. Are rules necessary in group living?
5. What are some ways to help a friend?
6. What should an individual say to his friends who want him to do something he doesn't want to do?
7. Is there a limit to loyalty to your friends?
8. Should you persuade a friend to stop doing something you believe is wrong?

9. Should one "rat" on a friend who has done something illegal?
10. How should one react to another who has no friends?
11. Is participation is such youth groups as the Boy Scouts or MYF worthwhile?

Activities

1. Role play the following activities prior to classroom discussion:
   a. Someone persuading his friend to smoke or not to smoke.
   b. An argument in the home about chores
   c. Disagreement in the home about the use of the car
   d. Persuading someone not to drop out of school
   e. An argument between brothers and sisters about closet space
   f. Someone persuading his father he is old enough to assume a certain responsibility.
   g. Someone persuading his friend to have more self-confidence
   h. A friend tactfully telling someone he has a fault
   i. A drug addict describing his life.
2. Write a short story describing the world as seen by a minister, an old man, a teen-ager, a police officer, a happy person, a sad person, someone who feels worthless and unwanted.
3. Write a poem describing the feelings of happiness, joy, anger, worry, aloneness
4. View and discuss the filmstrips Exploring Moral Values.
5. Write an essay on the worth of an individual
6. Write an essay titled "Who Am I", or "Why Am I."
7. Develop an autobiography.
8. Make a comparative study of the family structure in different societies

9. Invite drug addicts to describe the effects of drug usage on themselves. (See General Resources Section)
10. Administer questionnaires re personal attitudes, interests, and talents.
11. Engage in occupational studies in all grades.
12. Read and discuss the biographies of "great" people.

PRIMARY GRADES

*In addition to utilizing ideas contained in the Values booklet, teachers of students in the primary grades may involve students in a variety of drug education activities:

1. Discuss the proper care of the body, i.e., exercise, nutrition (See Health basal text)
2. Discuss appropriate use of drugs, i.e. cough medicine, aspirin.
3. Make students aware that some "big" people may try to persuade young people to do things they should not do.
4. Invite a medical doctor (See Resource Section) to discuss the effects of medicines on the body.
5. Encourage students to develop constructive hobbies by providing such activities as "Show and Tell".
6. Discuss emotions and their effects on behavior.

GRADE FOUR

Concepts

1. Useful drugs become dangerous with abuse.
2. Growing up involves physical, and emotional growth.
3. Emotions affect our behavior.

Activities

1. Discuss what makes us feel happy, sad, or angry and what we do as a result of these feelings.
2. Share stories or poems that create different moods.

*Numerous ideas in the teaching units are from The Stamford Curriculum: A Study Guide To Help Schools and Teachers Combat the Drug Epidemic, printed and distributed by WTIC - T.V., AM-FM, Hartford, Connecticut

3. Develop with students an inventory to use in measuring their own emotional growth characteristics.
4. Invite the school nurse to explain the effects of emotions on the body.
5. Construct a bulletin board illustrating exaggerated claims by some medical advertisements.
6. Write reports on the discovery and early use of such medicines as penicillian, digitalis, and curare.
7. Dramatize and discuss various medicine commercials.
8. Discuss the effects of tea and coffee (caffine) on the body.
9. Discuss the effects of sweets on the body when used as a substitute for other foods.
10. View and discuss the filmstrips (See Bibliography) on tobacco and alcohol and their effects on the body.
11. Discuss the proper use of drugs.
12. Discuss "warning" signs on medicine bottles.

GRADE FIVE

Concepts

1. Each person has a responsibility to maintain his health.
2. It is important to develop constructive ways to deal with unpleasant moods.
3. The systems of the body carry out life processes (See Family Life Curriculum Guide).
4. Medicines can be useful if used correctly.
5. Public agencies work to assist us.

Activities

1. List the qualities pupils like in friends.
2. Discuss why people have quarrels.
3. Discuss the purpose of rules and laws.
4. Design a bulletin board about nutrition.
5. Research and discuss the different systems of the body.
6. Draw a diagram of the blood stream, showing how substances entering the body are carried throughout the body.
7. Make a chart of modern medicines and their use.
8. Draw posters of warnings concerning dangerous non-food substances found in the home, i.e. detergents, glue, gasoline, cleaning fluids, diet pills.
9. Bring in newspaper articles telling of people who have misused medicines or drugs.
10. Discuss the purposes of such agencies as the Health Department, Food and Drug Administration, and the Police Department.
11. Invite a police officer to describe how young people sometimes are directed towards the misuse of drugs.
12. Discuss the effects of alcohol and tobacco on the body and why some people use them.
13. Discuss the extreme dangers of sniffing glue.
14. Discuss the origin of marijuana.

GRADE SIX

Concepts

1. Responsible citizenship requires that each person maintain his own individuality and independence of thought.
2. It is important to develop respect for the proper functioning of the body.

3. Some drugs are extremely dangerous.
4. Individuals can do many things to prevent the misuse of medicines, drugs, and volatile chemicals.

Activities

1. List and discuss factors which contribute to effective group membership, emphasizing self-discipline and independent thinking.
2. Discuss how feelings of self-worth, sense of responsibility, and friendliness are necessary to our social development.
3. List and discuss desirable personality characteristics.
4. Develop standards of conduct which show respect for the ideas of others.
5. Encourage library use in collceting information on medical research, kinds of drugs, medicines, their histories, uses and possible misuses.
6. Discuss the effects on the body of codeine, paragoric, sleeping pills, and diet pills.
7. Discuss the dangers of marijuana.
   a. Psychological dependence
   b. Time and space distortion
   c. Loss of concentration
   d. Drowsiness
   e. Possible confusion and hallucinations
   f. Introduction to the world of "kicks".
   g. Possible involvement with other drugs.
8. Discuss the social consequences of the misuses of drugs, alcohol, and tobacco.
9. Discuss the influences of medical advertisements on attitudes about medicines, drugs, pain, anxiety, solving problems, etc.

10. Develop a sense of service to the community by encouraging participation in volunteer work in boys' and girls' clubs.
11. Discuss the meanings of "habit" and "addiction".
12. Discuss the legalities of drug usage.
13. Discuss possible alternatives to drug use.

THE MIDDLE GRADES

Adolescence is a turbulent stage of life. Teenagers are attempting to develop from dependence to independence, to gain individual identity, and to reach out socially into a world of changing values, standards and modes of behavior. Helping teenagers develop well-adjusted personalities is basic to prevention of drug abuse. Studies show that most people who abuse drugs feel insecure, unrecognized, and unhappy. Consequently, the emphasis in the middle grades should be to develop an understanding of self and the development of good mental health.

Teachers in all subjects are encouraged to examine this Guide to determine ways they may provide learning experiences in their classes about the misuse of drugs. The particular subject should, of course, determine the emphasis which is given. As examples, the health - physical education, and science teachers should emphasize the effects of drugs on the body, the English and social studies teachers should emphasize the effects of drug abuse on one's self and others. As in all grades, there should be a greater concern to integrate the drug education program with the total curriculum than with "single shot" approaches.

<u>Concepts</u>

1. Personality is an individual's total make-up.

2. Some problems are common to all people. The way we respond to problems is important to personality development.
3. Many drugs are valuable when used properly.
4. The improper use of drugs has many serious consequences.

Activities

1. Write an autobiography including ways you think your family has influenced you to be the way you are.
2. List and discuss positive and negative personality traits.
3. Research life in other cultures and compare the affects of these cultures and how they have influenced our society.
4. Discuss how physical activities can affect your mental health.
5. Role play various responses to emotional situations.
6. Discuss causes and solutions to teen problems.
7. List ways people may deceive themselves in order to meet some uncomfortable situation.
8. Read biographies of famous people who have overcome major personal problems.
9. Test your own system of values by completing the sentence: I believe that the three most important things in life are.....
10. Discuss differences between psychological and physical dependency.
11. Bring in news articles concerning anti-social behavior in reference to drug abuse.
12. Invite a police officer to discuss the legal aspects of drug abuse.
13. Invite a pharmacist or physician to class to explain the connection between drug use and unpredictable behavior.

14. Discuss the terms: amphetamines, barbiturates, tranquilizers, opiates, and hallucinogens.
15. Discuss the social implications of drug abuse.
16. Discuss alternatives to the use of drugs.

SENIOR HIGH

The apparent use of drugs among many students at Chapel Hill Senior High School and the fact that many of our students may easily associate with others who abuse the use of drugs strongly indicate the importance of a drug program at the senior high level. Again, the primary emphasis is on the development of a "valuing process." Also, continuing efforts should be made to provide appropriate information and learning activities in different courses related to drug abuse. Biology teachers are requested to include in their program a unit designed to make students aware of the effects of drugs on the human body. All teachers, of course, are encouraged to integrate drug education activities into their curriculum.

Concepts

1. Man has physical and psychological needs which must be satisfied.
2. People use drugs for a variety of reasons.
3. The misuse of drugs had serious consequences to individuals and to society.

Activities

1. Discuss ways people satisfy different physical and psychological needs.
2. Role play various conflicts common to teenagers and discuss alternate solutions to the conflicts.

3. Discuss reasons why some people use drugs, alcohol, and tobacco.
4. Debate the pros and cons of laws concerning the use of marijuana.
5. Discuss the relationship between drug abuse and one's environment.
6. Distinguish between barbiturates and amphetamines.
7. Invite a medical doctor to discuss appropriate uses of drugs.
8. Invite a police officer or lawyer to discuss the legal aspects of drugs.
9. Discuss the term psychological dependence.
10. Use the library to acquire information about various drugs and their effects.
11. Discuss the success of rehabilitation efforts to cure addicts.
12. Discuss the effects of exercise and proper diet on one's body.
13. View and discuss selected films (See Bibliography).
14. Discuss positive ways young people may contribute to the welfare of the community.
15. Initiate a Drug Club whose members aid drug users.
16. Discuss effective use of leisure time.
17. Discuss the activities of public agencies in combatting drug abuse.

TEACHING RESOURCES

PRIMARY

Chapel Hill Police Department - Lt. Pendergrass	929-2121
Blue Cross, Blue Shield - Chapel Hill or Durham	967-7073
Drug Action Committee, Inc., Chairman, Joe Hakan	942-3363
Women's Auxiliary, North Carolina Pharmaceutical Association (MOD Education Institute of Pharmacy - Mrs. Louis Harris)	929-1820
Lawyer, Barry Winston - Chapel Hill	929-7151
Medical: Dr. Robert Senior (Pediatrician)	942-4173
Switchboard	929-7177
School of Pharmacy, University of North Carolina	966-1211
Orange-Person Mental Health Center, 413 West Rosemary Street, Chapel Hill	929-4723
State Bureau of Investigation, Raleigh, North Carolina	
News Media - Chapel Hill Weekly, Bill Scarborough	967-7045

ADDITIONAL RESOURCES

Additional information on narcotics and dangerous drugs may be obtained from the following sources. You can write directly to obtain listings of material and any costs that may be involved.

American Pharmaceutical Association, 2215
Constitution Ave., N.W., Washington, D.C. 20037

Alcoholism and Drug Addiction Research Foundation
344 Bloor Street West, Tronto 4, Ontario, Canada

American Medical Association, Council on Mental Health
535 North Dearborn Street,
Chicago, Illinois 60610

American Social Health Assn.,
1740 Broadway, New York, N.Y. 10019
Narcotics Advisory Committee, A.S.H.A.

Clinical Research, National Institute of Mental Health
Department of H.E.W.,
Lexington, Kentucky 40501

Food and Drug Administration
200 C. Street, S.W.
Washington, D.C. 20204
Attn: Consumers Inquiries

International Narcotic Enforcement Officers Association, Inc.
84 Holland Ave
Albany, N.Y. 12208

National Association of Retail Druggists
One East Wacker Drive
Chicago, Illinois 60601

National Coordinating Council on Drug Abuse
Education and Information
P.O. Box 19400
Washington, D.C. 20036

National Council on Crime and Delinquency
44 East 23rd Street
New York, New York 10017

National Institute of Mental Health, Public Inquiries Branch
5454 Wisconsin Ave., N.W.
Chevy Chase, Maryland 20203

Addiction Research Center
USPHS Hospital
Lexington, Kentucky 40508

Narcotics Education, Inc.
P.O. Box 4390
6830 Canel Street, N.W.
Washington, D.C. 20012

National Family Council on Drug Addiction
401 West End Ave.
New York, New York 10025
Committee on Drug Addiction and Narcotics

National Research Council
National Academy of Science
2101 Constitution Ave., N.W.
Committee on Drug Addiction and Narcotics

Health Education Council
10 Downing Street
New York, New York

Health Information Foundation
420 Lexington Ave.
New York, New York

Pharmaceutical Manufacturers Association, Committee on Narcotics
1155 15th Street, N.W.
Washington, D.C. 20005

Smith Kline and French Laboratories
1500 Spring Garden Street
Philadelphia, Pa. 19101

United Nations Commission on Narcotic Drugs
United Nations, New York, New York 10017

United States Public Health Service
7915 Eastern Ave.
Silver Springs, Maryland 20910

North Carolina State Bureau of Investigation
P.O. Box 2828
Raleigh, North Carolina

Superintendent of Documents
U.S. Printing Office
Washington, D.C. 20402

U.S. Department of Justice
Bureau of Narcotics and Dnagerous Drugs
Washington, D.C. 20537

National Education Association
1201 16th Street, N.W.
Washington, D.C.

American Public Health Association
224 East Capiton Street
Washington, D.C.

World Health Organization (WHO)
1501 New Hampshire Ave., N.W.
Washington, D.C.

Interstate Narcotics Association
P.O. Box 1725
Patterson, N.J.

American Institute of Family Relations
5287 Sunset Blvd.
Los Angeles, Calif.

American School Health Association
515 East Main Street
Kent, Ohio 44240

Family Life Publications, Inc.
Box 6725
College Station
Durham, North Carolina

Health Publications Institute
216 North Dawson Street
Raleigh, North Carolina

Hogg Foundation for Mental Health
University of Texas
Austin, Texas

National Health Materials Center
1790 Broadway
New York, New York 10019

National Health Council
1790 Broadway
New York, New York 10019

U.S. Department of Health, Education and Welfare
330 Independence Ave., S. W.
Washington, D.C.

BIBLIOGRAPHY

1. The Materials Center in the Administrative Offices has for loan to teachers classroom quantities of the following National Institute of Mental Health publications:
    a. Marijuana: Some Questions and Answers
    b. Narcotics: Some Questions and Answers
    c. The Up and Down Drugs: Amphetamines and Barbiturates
    d. LSD: Some Questions and Answers
    e. Students and Drug Abuse

2. Also available in classroom quantities at the Materials Center is a North Carolina Blue Cross and Blue Shield publication, Drug Abuse: The Chemical Cop-out.

3. An Eyegate filmstrip series appropriate for elementary and middle schools grades titled Drugs, Alcohol and Tobacco is available at the Materials Center.

4. Annotated bibliographies and single copies of numerous books and booklets are available in the Materials Center.

5. Materials available in the Guy B. Phillips Junior High School

BOOKS

Fiction — Madison, Arnold, Danger Beats the Drum 1966

General — Ausubel, Drug Addiction: Psychological, Physiological, and Social Aspects

Jeffee, Saul, Narcotica - An American Plan 1966

Rice, Thurman B., Effects of Alcoholic Drinks, Tobacco, Sedatives, Narcotics 1952

Oursler, Will, MARIJUANA - The Facts, The Truth, 1967

PHAMPHLETS

Drug Abuse: The Empty Life, Smith, Kline and French Lab. 1965

The Narcotic Addiction Problem nd

What Secondary Schools Can Do About Teenage Narcotic Addiction, Board of Education of the City of New York, 1957

Facts About Narcotics (Life Adjustment Booklet) 1951

NEWS CLIPPING

Grooving in Suburbia With Grass on the Rug (News and Observer March 23, 1969)

Also: Several books on alcoholism

6. Chapel Hill Senior High School - a partial listing

GENERAL CATEGORIES OF BOOKS ON DRUGS

1. Miricle Drugs and Healing Drugs
2. Narcotics
3. Alcohol
4. Mind-Expanding Drugs
5. Ethical and Psychological Aspects of Drug Abuse
6. There is a clipping and pamphlet file being kept, and current articles are constantly being added.

SOME SPECIFIC BOOKS ON THE SHELVES

1. Bloomquist, Marijuana
2. Cohen, Sidney, The Drug Dilemma (1969)
3. Fiddle, Portraits from a Shooting Gallery (1967)
4. Hyde, Mind Drugs
5. Joint Committee of the American Bar Association and American Medical Association, Drug Addiction: Crime or Disease
6. Jones, Kenneth L., Drugs and Alcohol
7. Krieg, Green Medicine (healing drugs - 1964)
8. Modell, Drugs from Time - Life 1967

9. Pertell, Tonight is too Late

10. Yablonsky, L., Tunnel Back: Synanon

7. The Chapel Hill Public Library has the following titles:

1. 615.7 B — Blakeslee, Alton, What you should know about Drugs and Narcotics, Association Press, 1969

2. 615.7 C — Cain, Arthur, H., Young People and Drugs, John Day, 1969

3. 615.7 C — Carey, James T., The College Drug Scene, Prentice-Hall, 1968

4. 615.7 C — Cohen, Sidney, The Drug Dilemma, McGraw-Hill, 1969

5. Y615.7 H — Hyde, Margaret O., Ed., Mind Drugs, McGraw-Hill, 1968

6. 615.78 — Laurie, Peter, Drugs: Medical, Psychological, and Social Facts, Penguin, 1967

7. 615 L — Life Sciences Library, Drugs, by Walter Modell, Alfred Lansing, and the editors of Life, Time, 1967

8. 615.7 L — Louria, Donald B., The Drug Scene, McGraw-Hill, 1968

9. 615 P — Proger, Samuel, The Medicated Society, The Macmillian Company, 1968

10. 615,7 S — Surface, William, The Poisoned Ivy, Coward-McCann, 1968

11. 613.8 W — Wakefield, Dan, ed., The Addict, Fawcett Pub., Inc. 1963

Journal of Secondary Education, Volume 443, May 1968
Several papers on marihuana

PTA Magazine

Making of a Hippie: with study-discussion guide by C. Smallenburg and H. Smallenburg. L.Wolf. bibliog. PTA Mag 63: 6-9, 36-37. January, 1969.

Why Adolescents Drink and Use Drugs: with study-discussion program by C. Smallenburg and H. Smallenburg. W.G. Hollister. biblio. PTA Mag 63: 2-5. March, 1969

Your Adolescent's Health : Drug Abuse among Teenagers. L.W. Sauer. PTA Mag 63: 25-6. March, 1969

Readers Digest

Cool Talk About Hot Drugs: Misconceptions about heroin, LSD and marihuana. D. B. Louia. Readers Digest 91: 111-17 November, 1967

Drug Trip: Voyage to nowhere. M. Drury. Readers Digest 95: 61-63. August, 1969

Today's Education

Students and Drug Abuse. United States National Institute of Mental Health. Today's Ed. 58: 35 - 50. March, 1969

Seventeen

Drugs: Straight answers to the big questions. R. Tunley. Seventeen 28: 328 - 9. August, 1969

8. Films (can be obtained locally at no cost)

The North Carolina State Board of Health Film Library (corner of Lane and Dawson in Raleigh: Phone - 829-3471 and 829-3467)

Dangerous Drugs - 22 min. (H.S.) - it concerns the illegal use of barbiturates and amphetamines and demonstrates three basic types of individuals that use them: the professional driver, young people and the criminal type, and thrill seeker who is looking for a thrill and a lift, and the middle aged person (women particularly) who are emotionally unstable.

Drug Abuse:The Chemical Tomb - 20 min. Color - We are living in what some have defined as the "now generation". So far as young people are concerned, this generation runs the gamut from those who are cooperative and dedicated to those who drop out and run away from responsibilities. For many of these drop-outs, drug abuse has become a part of their lives. This film was produced to give accurate and factual information concerning the effects of drugs on the human body.

Drug Addiction - 21 min. This is the story of Marty Demalon, a teenage drug addict. As the film opens, we see Marty being hailed into court for stealing an alarm clock which he planned to sell and purchase a supply of Heroin. The judge questions Marty and learns how he became a drug addict and advises what can be done for him.

Drug Addiction: A Medical Hazard - 28 min. color (for college, adults) The hazards of drug addiction to the medical profession are shown. This is a case history involving a medical doctor who diverted drugs for his own use and became an addict.

Drugs and the Nervous System - 16 min. color - The effects of drugs on organs and body systems are surveyed, using aspirin to illustrate how a common drug works on the nervous system to reduce pain and fever. The film then explains the serious disruption of the nervous system caused by the abuse or misuse of certain drugs. Substances covered are model airplane glue, stimulants, (amphetamines), depressants (barbiturates, opiates), hallucinogens (marijuana, LSD).

LSD: Insight or Insanity: 28 min. color - This film points out very clearly and dramatically the tragedies and horrors of experimenting with this drug.

LSD - 25 - 28 min. color - LSD - 25 is the most powerful mind-altering drug ever known. In this film we see the effects of a "trip" explained by a young man who has taken this drug. The film stresses how easy it is to obtain this drug yet explains further that no reputable drug company will produce or manufacture this drug. The film further indicates that a reoccurance of the effects of the drug can appear as long as one year from the time the drug is originally taken.

Marijuana - 34 min. Color - At an after-school teenage marijuana party, the police arrive and arrest the group. As they are being led to the patrol cars, they angrily address their remarks to the camera. Their remarks carry the most common challenges and arguments in behalf of marijuana and give the film its targets for reply in such statements as: "You don't get hangovers or cirrhosis of the liver from grass! Cigarettes are much worse than pot. No one ever gets cancer from pot! Everybody knows that weed is not addictive! It'll never turn you on to hard drugs! Nobody has the right to tell me what to do with my own body! What's so bad about feeling good? " One by one, these arguments are answered - in detail - by the teenagers themselves.

Narcotics: The Decision - 30 min. color
This is a film that will help students and teachers understand and combat the spreading narcotic menace. This is not a happy or pretty picture - it is factual. Personal stress leads the subject to experimentation with tobacco, alcohol, and barbiturates, which leads to marijuana and heroin. The film's effect is sobering, hard and forceful. (Also style of clothing very old fashioned)

Story of a Teenage Drug Addict - 19 min.
This is the story of a young man, a leader in school, working part time to support his mother. Through lonesomeness one night, he goes to a party that turns out to be a "reefer pad" and unwillingly accepts a marijuana cigarette. From this beginning he ends up on heroin and soon becomes an addict. This film then shows the boy as a patient in the hospital suffering the agonies of withdrawal.

Subject: Narcotics 21 min. color
This film shows how prisons are made secure against the smuggling in of drugs, what narcotics are and how to identify them, the methods by which they are administered, the narcotics addict and his effect on society, how narcotics enter the country and are processed by the underworld and what happens when narcotics are withheld from an addict. (high school, and adult)

The Narcotics Trade - 27 min. color - This film is designed to give answers to the source of the narcotic problem. Where does it come from? How is it grown, cultivated, harvested, processed, refined and smuggled to our shores.

Blue Cross Blue Shield - The following series can be obtained free by contacting in Chapel Hill Mr. Bob Taylor (Blue Cross Blue Shield) Bus. Phone - 967-7078, Home phone - 942-3793, or write to: Blue Cross Blue Shield, 440 West Franklin Street, Chapel Hill, North Carolina 27514

The distant Drummer Series - this is in three parts (each can be seen separately - each part is 30 min. and is in color)

Part I - A moveable scene - describes the widespread use of narcotics; shows its use among the hippie groups in the U.S., London, Paris, Rome, Istanbul, etc. Colorful and musical.

Part II - Flowers of Darkness - This film concentrates on the opium popi and its derivitives. Where it comes from, how it is imported, how it is used, problems of addiction, legal implications, rehabilitation prospects.

Part III - Bridge From No Place - This film concentrates mainly on the current experimentation with narcotics in the Lab, and the various types of rehabilitation programs that have been set up to aid the drug user.

Chapel Hill School System - Through Title III
Why must all the Flowers Die? - color, 20 min. (approx.)

GLOSSARY

Classification of Drugs

I. Psychadelics or Hallucinogens

A diverse group of drugs which basically alter ones' thinking, perception, mood and ego structure. Small doses may cause a pleasurable "high" and larger doses can cause anything from illusions and hallucinations to intensification of senses, minor distortions or even complete loss of consciousness. Some of the more common drugs in this classification are:

A. LSD - (Lysergic acid diethylamide) this is a semi-synthetic from the fungus ergot. There are other varieties of lysergic acid and they are found in at least 4 species of the tropical morning glory.

B. DMT - (Dimethyltryptamine)

C. Psilocybin and psilocin - come from mushrooms (from the psilocybe mexicana and related varieties)

D. Mescaline and Peyote - found in bottons of the peyote cactus

E. STP - (the initials stand for serenity, tranquility and peace)

F. THC - (Tetrahydrocannabinols) found in the flowering tops and leaves of Indian Hemp, which is scientifically called Cannabis sativa and commonly known as Marijuana. THC is the active ingrediant in marijuana.

Marijuana

G. Hashish - comes from the Cannabis sativa (the flowering tops of female Indian Hemp - it is actually the resin from the flowering tops and is about 6 times stronger than marijuana.)

II. Stimulants or Amphetamines

The drugs which fall under this classification basically cause excessive physical and mental activity. They are referred to by such slang names as: pep pills, wake-up, uppers, ups, jolly beans, speed, lid poppers. Some common examples are:

A. Benzedrine ("bennies")

B. Dexedrine ("dex or desies")

C. Methedrine ("speed", "meth", "crystal")

D. Ritalin

E. Meretran

F. Preludin

G. Cocaine (coke, snow) comes from the leaves of the cocoa shrub

III. Depressants or Sedatives

The drugs which fall under this classification are usually taken to bring about relaxation, reduction of tensions, and to bring on sleep. Taken in excess they produce a drunkeness - type state.

The most commonly abused sedatives are Barbiturates and Tranquilizers.

A. Barbiturates - ("barbs", "downs", "downers", "goofballs") the pharmacological name ends in "al" - Some of the more sommonly abused barbiturates:

1. Phenobarbital
2. Membutal (yellow jackets, yellows)
3. Seconal (reds, red devils, secies, redbird)
4. Amytal (blue heaven, blue angels)
5. Tuinal (rainbow)
6. Lominal

B. Other Sedatives - tranquilizers

1. Doriden
2. Bromides
3. Chloral
4. Miltown

IV. Narcotics or Opiates

The term narcotic actually has several definitions. Legally, it is any drug that is classified as a "narcotic" by federal or state law. (This means marijuana would be classified as a narcotic legally)

Medically, a narcotic is a drug that produces sleep or stupor, and relieves pain. In practice, however, the term indicates that the drug produces or may produce physical dependence. This definition would mean that Marijuana and Cocaine are not narcotics. This last definition is the one being used here.

Most of the narcotic drugs come from the Opium poppy and the usual slang names are: stuff, junk, dope. The specific drugs which are commonly abused are:

A. Heroin ("Horse", "H", "junk", "smack", "shit", "joy powder", "white stuff")

B. Morphine ("M", "white", "stuff", "hard stuff")

C. Codeine (schoolboy)

Demerol and Methadone are considered synthetic narcotics.

V. Anesthetics and Volitile solvents (sniffers) - deleriants

These substances basically cause dizziness, uncoordination, and confusion. Some of the substances included in this category are:

A. Ether

B. Chloroform

C. Nitrous Oxide (laughing gas)

D. Model airplane glue ("dope")

E. Lighter fluid

F. Gasoline

G. Freon

H. Certain nailpolish removers

GLOSSARY OF DRUG SLANG

The language of those involved with the drug scene can vary greatly and it also changes from one location to the next and even within the same subculture in the same area. It is not recommended that the teacher give support to the drug culture by adopting its slang but the teacher should become familiar with the terms so a language gap does not develop. Some of the commonly used terms follow:

Acid - LSD, LSD-25 (lysergic acid diethylamide)

Acidhead - Frequent user of LSD (also called cubehead)

Bag - Packet of drugs (usually a very small amount of a narcotic- also called a birdseye)

Bag man - supplier of drugs

Bad scene - unpleasant esperience (situation) with LSD (bad trip)

Back up - to allow blood to come back into syringe during intra-venous injections

Bang - injection of drugs

Barbs - barbiturates

Been had - arrested

Bennies - benzedrine, an amphetamine (a tablet)

Benny jag - intoxication after using benzedrine for extended period of time

Bindle - packet of narcotics

Black bomber - Durophet (amphetamine/sedative) 20 mg capsule

Blank - extermely low grade narcotics

Blast - stong effect from a drug

Blotter acid - impregnated paper

Blow one's mind - to enter into a frenzied state of mind, to break with personal reality

Blue Acid - LSD

Blue Angels - amytal, a barbiturate

Blue Velvet - paregoric (camphorated tincture of opium) and Pyribenzamine (an antihistamine) mixed and injected.

Bombita - amphetamine injection, sometimes taken with heroin

Boost - shoplift, see back-up

Bread - money

Bummer - bad experience with psychadelics

Bum trip - bad experience with psychadelics

Burn - Sell some one bad (worthless) substitutes for drugs

Busted - to be arrested

Bust - when police come looking for drugs and find them

Buttons - the sections of the peyote cactus

C - Cocaine

Canned - to be arrested

Can - jail

Cap, Caps - capsules or tablets, also 1 oz. of heroin

Charlie - Cocaine

Chipping - taking narcotics occasionally

Clean - off narcotics and/or not carrying drugs at the moment

Coasting - under the influence of drugs

Coke - Cocaine

Cokie - Cocaine addict

Cold turkey - sudden withdrawal of narcotics (from the gooseflesh which resembles the skin of a cold plucked turkey)

Coming down - recovering from a trip

Connection - drug supplier

Contact - drug supplier

Contact high - vicarious experience that occurs by being with someone who is on a "trip"

Cop out - quit, take-off, confess, defect, inform

Crystal - methedrine, an amphetamine

Crash - unpleasant experience when drug wears off

Crash pad - place to go to get help when coming down off drugs, or any place to sleep; temporary home

Cube - sugar cube inpregnated with LSD

Cubehead - frequent user of LSD

Cut - dilute drugs by adding mild sugar or another inert substance

Dealer - drug supplier

Deck - packet of narcotics

Dexies - Dexedrine, an amphetamine (pills)

Dime bag - $10 package of narcotics

Dirty - possessing drugs, liable to arrest if searched

Dollies - Dolophine (also known as Methadone) a synthetic narcotic

Doing a bit - in jail

Dominoes - Durophet (amphetamine/sedative) 12.5 mg capsules

Do up - smoke a marijuana cigarette

Doper - person who uses drugs regularly

Dope - narcotics

Downer - sedatives, alcohol, tranquilizers and narcotics

Drop - to swallow a drug (oral use)

Dummy - purchase which did not contain narcotics

Dynamite - high-grade (adj. modifying any drugs)

Experience - usually refers to LSD or mescaline experience

Fix - an injection of a narcotic drug or to inject a drug

Flake out - to lose consciousness (from the misuse of drugs)

Flash - effect of cocaine, and to a lesser extent of methedrine; also see rush

Flip, Flipped - to "go over the edge" to become psychotic

Fed - Federal agents

Freak - someone doing drugs who freaks

Freakout - bad experience with psychadelics; also, a chemical high also a psychedelic happening or event

Football - combination of dextroamphetamine and amphetamine

Fuzz - police

Gage - marijuana

Gassing - sniffing gasoline fumes

Gear - belonging, including supplies of drugs, syringer, etc.

Glad rag - cloth or handkerchief saturated with the chemical

Gluey - glue sniffer

Good trip - happy experience with psychedelics

Goofballs - sleeping pills (barbiturates)

Goofed up - under the influence of barbiturates

Grass - marijuana

Groovey (groove, groover) - up to date with the current trend

H - heroin

Habit - addiction to drugs or physical dependance

Hack - doctor

Happening - an event or "show"

Hard narcotics - opiates, such as heroin and morphine

Hard stuff - heroin, opiates

Hash - hashish, the resin of cannabis plant (known as marijuana)

Hassle - anything troublesome, bothersome, if it puts you out of the way

Hay - marijuana

Hang-up - a problem, can mean a problem with drugs

Head - person resigned to drugs

Hearts - dexedrine tablets

Heat - the police

Heavy - concentrated, extreme

Hemp - marijuana

High - under the influence of drugs, feeling good, in a state of euphoria

Hit, or to hit on - to obtain drugs, to purchase drugs

Hit up - injecting drugs

Hippies - persons believeing in a way of life based on love and beauty and considering it possible to gain deep insights into life and themselves through the use of marijuana and the hallucinagenic drugs. (Hippie type - also applied to any young person with an interest in paychadelic clothes, music, etc.)

Holding - having drugs in one's possession

Hooked - addicted

Hophead - narcotics addict

Horse - heroin

Hot - wanted by the police

Hung-up - depressed, let down, frustrated, disappointed

Hustler - prostitute, dealer

Hype, Hypo - narcotics addict

Ice Cream Habit - small irregular use

In the cooler - in jail

Instant Zen - LSD

Jack - a heroin tablet

Jack up - to take an injection of a narcotic

Joint, "J" - marijuana cigarette

Jolly beans - pep pills (amphetamines)

Joy pop, Joy popping - inject narcotics occasionally, sometimes refers to taking LSD occasionally

Joy stick - marijuana type cigarette

Junk - heroin or narcotic drug

Junkie - narcotics addict; person addicted to heroin or narcotics

Juvies - junvenile officers

Kick - thrill

Kick the habit - stop using narcotics

Kick parties - parties where LSD is used

Kief - North African marijuana

Kilo, key - Kilogram, 2.2 lbs.

Layout - equipment for injecting drug - works

Lemonade - poor heroin

LSD - acid, lysergic acid diethylamide

LSD-25 - pure acid (many types of pure acid)

Loaded - full of drugs, or money

M - morphine

Machine - syringe

Main liner - person who is injecting narcotics intravenously

Mainline, Mainlining - injecting drugs into a vein

(The) Man - police or person symbolizing authority

Manicure - remove the dirt, seeds and stems from marijuana

Matchbox - marijuana container

Mary Jane - marijuana

Mesc - mescaline, the alkaloid in peyote

Meth - methedrine (speed - an amphetamine)

Methhead - habitual user of methedrine

Mikes - micrograms (millionths of a gram)

Mud - crude opium; sometimes used for marijuana

Narc, Narco - narcotics detective, informer

Nicked - arrested

Nickle bag - $5 packet of drugs (not often sold in this quantity any more)

Nod - drowsy state following injection of a narcotic

Number - marijuana cigarette

O - opium

O. D. - overdose of narcotics

On the ice - in jail (archaic)

On the nod - sleepy from narcotics, drowsy state after injecting narcotics

Out of it - someone who is not familiar with the current scene, flying high on drugs.

Out of sight - something that is really "great", really "groovy"-- something you can't see

Pad - room or flat, place to live

Panic - shortage of narcotics or drugs on the market

Pep pills - amphetamines

Pill head or Pill freak - heavy user of pills, barbiturates or amphetamines or both

Point - needle of syringe

Pop - injection of drugs

Popping - subcutaneous injection of a drug

Pot - marijuana

Pothead - heavy marijuana user

Purple hearts (out of date term) Dexamil, a combination of Dexedrine and Amytal (from shape and color)

Pusher - person who peddles, sells drugs

Put on - to fool someone with false attitudes

Quill - a matchbook cover for sniffing methedrine, cocaine or heroin

Rap - to talk or discuss at length

Rainbows - tuinal (amytaland seconal) a barbiturate combination in a blue and red capsule

Red devils - seconal, a barbiturate

Reefers - marijuana cigarette

Reentry - return from a "trip"

Roach - marijuana butt

Roach holder - device for holding the butt of a marijuana cigarette

Rush - Rapid increase in drug effect (heavy - good - experience)

Salt - powdered heroin

Score - to obtain, or make a purchase of drugs

Scratching - searching for drugs

Script - perscription for drugs

Scratch - money

Shit - heroin, any drug

Shooting gallery - place where addicts inject

Skag - heroin

Skin popper - occasional user of narcotics

Skin popping - injecting drugs under the skin

Shrink - psychiatrist

Shoot up - inject intravenously

Sleep rough - sleep anywhere

Sleepers - barbiturates

Smashed - high on drugs

Smack - heroin

Snorting, snort - inhaling drugs, to take drugs nasally by sniffing

Snow - cocaine

Sniff - to sniff powdered narcotics into nostrils

Speedball - an injection of a stimulant and a depressant, originally heroin and cocaine

Spike - needle

Speed - methedrine, an amphetamine

Stick - marijuana cigarette (old)

Split - to run, leave the scene

Speedfreak - habitual user of speed

Stash - supply of drugs in a secure place, to hide drugs

Stoolie - informer

Stoned, stoned out of your mind - being under the influence of marijuana

Straight - ordinary cigarette without marijuana, person who is not into the drug scene

Stuff - heroin or narcotics

Strung out - addicted

Taste - taking a small amount of a drug and only just feeling it, sniffing it, or putting tongue to it.

Tea - marijuana

Tea head - user of marijuana

Tea party - marijuana smoking party

THC - the potent ingredient in marijuana - Tetrahydrocannabinol

Tap out -when your heart stops beating from an O.D. (overdose of drugs)

Tie up or off - Tourniquet used to prepare vein for injection of drugs

Time, doing time - prison sentence; serving a prison sentence

To sugar down - same as to cut, to cut narcotics, make them less potent

Tracks - needle marks on the skin from shooting up drugs scars along veins after many injections

To be holding - to have drugs

Trip - experience with LSD

Tripping out - high on psychadelics

Turned on - under the influence of drugs

Turned off - loss of interest

Turkey - see cold turkey

Turps - elixir of Terpin Hydrate with Codeine, a cough syrup

User - taker of drugs

Uppers - stimulants, cocaine, and psychadelics

Underground - illegal manufacture of drugs and selling; also used when dealers pull back supply of drugs while police pressure is on.

Up tight - nervous, fearful, edgy, afraid, annoyed

Way out - under the influence of drugs; unusual; far out

Wafer - wafer impregnated with LSD

Weed - marijuana cigarette

Weed head - marijuana smokers

White stuff - heroin and morphine

Withdrawal - stop the use of drugs which are addicting, the narcotica and barbituates

Works - equipment for injecting drugs

Yellow jacket - nembutal, a barbiturate

Yen sleep - a drowsy, restless state during the withdrawel period

Zen - LSD

25 - pure LSD

Glossary of Technical Terms

Abuse - refers to the misuse of drugs or other substances by a person who has usually obtained them illegally and administers them himself without medical advice or supervision.

Addiction - drug addiction is a state of periodic or chronic intoxication produced by the repeated consumption of a drug. Its characteristics include: an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; a tendency to increase the dose; a psychic (psychological) and generally a physical dependence on the effects of the drug; an effect detrimental to the individual and to society (this is the definition of WHO)

Abstinence Syndrome - may appear if an animal or person is tolerant to a drug and it is suddenly discontinued. Presumably, the body cells not only have accepted the drug but have so altered their metabolism that they now require its presence. Example is the delirium tremers which begin 8 - 12 hours after abstaining from long term alcohol or barbiturate usage; convulsions, tremors and delirum are some of the serious withdrawal effects.

Amphatamines - drugs which stimulate the central nervous system. They are often called "pep pills" and include such drugs as Benzadrine, Dexedrine and Methedrine.

Anesthetics - produce relaxation, excitation, (as a disinhibiting effect) and finally coma; (ether, alcohol, laughing gas).

Barbiturates - drugs which depress the action of the central nervous system and act as sedatives. The names of most such drugs end in "al" as in the case of secobarbital, amobarbital, phenobarbital. Some of the trade names they are sold under are; Seconal, Amytal, Nembutal, Tuinal.

Baseline states - the presence or absence of non-drug factors existing at the time drugs are being used and which will effect the overall use of the drugs. For example, a persons emotional state at the drug-taking time, the mood of the group, the amount of time since he last ate, the setting, etc.

Cannabis Sativa - the Indian Hemp plant whose resin and parts are used throughout the world and known by such names as marijuana, hashish, bhang, and kif (kief).

Chromosomes - the threadlike bodies in a cell which carry the genes that control hereditary characteristics.

Central Nervous System - the brain and spinal cord.

Cocaine - a white, odorless powder obtained from the leaves of the South American Coca shrub; acts locally as an anesthetic and on the central nervous system as a stimulant.

Compulsion - a compelling, irresistible impulse which causes a person to act in a way that may be contrary to his good judgment, training or normal desire.

Congenital - existing from birth

Consciousness - aware of what is going on around oneself.

Contraindication - an indication that a particular treatment or procedure is medically inadvisable.

Convulsion - an involuntary and violent irregular series of contractions of the muscles; uncontrollable muscle contortions.

Cross - tolerance - the phenomenon whereby one drug is taken and tolerance to another is developed. (heroin produces cross-tolerance to morphine, and cross-tolerance to LSD can be accomplished with mescaline).

Delirium - a condition of mental excitement, confusion, disordered speech, and often hallucinations.

Delusions - false beliefs which are not amenable to reason.

Dependence - the need for and reliance upon a substance. Drug dependence (described by WHO) - is a state arising from repeated administration of a drug on a periodic or continual basis. Its characteristics will vary depending upon the agent involved. (such as a barbiturate dependence, marijuana-type dependence, etc.) See also Physical dependence and Psychological dependence.

Depressant - substance having the quality of reducing or lowering the mental and/or physical vitality or functioning of an individual. Medical uses include the treatment of anxiety, tension and high blood pressure.

Depression - a mental illness characterized by agitation or inactivity and a sad, remorseful or brooding mood. The degree of depression may range from slight to severe.

Drug abuse - see abuse

Drug dependence - see dependence

Habituation - drug habituation (as defined by WHO) is a condition, resulting from the repeated administration of a drug. Its characteristics include: a desire (but not a compulsion) to continue taking the drug for the sense of well-being that it engenders; little or no tendency to increase the dose; some degree of psychic dependence on the effect of the drug by absence of physical dependence, hence no abstinence syndrome; a detrimental effect, if any, primarily on the individual. See Psychological dependence.

Hallucination - a sensory experience which does not exist outside of the persons mind; it is a false perception of the real condition.

Hallucinogens - refers to any substance that produces hallucinations - the drugs are popularly called psychadelics and they produce sensations such as distortions of time space, sound, color and other bizarre effects. They are pharmacologically non-narcotic, some of these drugs (ex. marijuana) are regulated under Federal Narcotic Laws.

Hallucinogenic - causing or producing hallucinations

Heroin - a narcotic in the form of white, crystalline powder, the manufacture and importation of which are prohibited in this country by Federal Law. It is made from the opium poppy.

Hypnotic - an agent that induces sleep

Illicit drugs - drugs which are illegal

Illusions - are misinterpretations of a sensation; a stain on the wall is seen as a face is an example.

Intoxication - the temporary reduction of mental and physical control of normal functions because of the effects of drugs, alcohol, or other substances.

Kilo or Kil ram - a measure of weight equal to 1000 grams or 2.2 pounds. Many drugs are sold by grams or kilos.

LSD - (lysergic acid diethylamide) - a hallucinogenic drug which has highly dangerous properties. LSD is not legally produced in the U.S.

Mania - includes flight of ideas, overactivity and distractibility

Marijuana or marihuana - the dried flowering tops and leaves of the female Indian Hemp plant, Cannabis Sativa, commonly called pot, grass, weed, tea.

Mescaline - the active ingredient in the peyote cactus; a hallucinogenic drug.

Methamphetamine - one of the amphetamine drugs. The most common methamphetamine in drug abuse in the U.S. is Methedrine, nicknamed Speed by drug users.

Morphine - a white bitter powder derived from the narcotic opium. It is widely used in medicine to relieve pain and induce sleep, but is also used by drug abusers and is highly addictive.

Narcotic - has several definitions; Medically, a narcotic is a drug that produces sleep or stupor and also relieves pain (such as opium, morphine, codeine, and heroin) - such drugs can blunt the senses and can cause physical and psychological dependence. Legally, the term means any drug that is regulated under Federal Narcotic Laws. Some of these drugs are pharmacologically non-narcotic (ex. cocaine, marijuana).

Neurotic - a minor mental disorder (as opposed to psychotic which is a major mental disorder).

Opium - the milky juice of the seed pod of the opium poppy that has narcotic and analgesic properties and from which morphine, codeine, and heroin are derived. These substances are known as opiates.

Overdose - too much of a drug, causes harmful effects and may be fatal.

Paranoid - a person suffering from a mental disorder in which he has unsubstantiated fears that others are threatening him, or are hostile to him; incorrect ideas of persecution or other incorrect grandiose ideas.

Peyote - a variety of cactus containing the hallucinogenic ingredient mescaline.

Pharmacology - the science dealing with the production, use, and effects of drugs.

Physical dependence - this was formerly known as addiction. It is the development of a body tolerance for a drug which requires progressively larger doses to produce the desired effect. The drug is actually required for what used to be normal body functioning. There is an extremely painful withdrawal illness when the drug is withheld.

Placebo - is a fake pill; it is a pill of an inactive substance such as milk sugar and doctors let the patient believe he is taking a drug. Placebos have actually cured many symptoms, as headaches, hay fever, etc.

Psilocybin - the paychadelic chemical in the psilocybe mushroom which acts as a hallucinogen.

Psychadelic - a drug such as LSD, Psilocybin, mescaline; or to the the intensified perception of the senses which these drugs produce.

Psychiatrist - a physician who specialized in the treatment of mental disorders.

Psychological dependence - (sometimes known as habituation or psychic dependence) a person's mind rather than his body make him dependent on drugs. There is a persistant desire for the subatance. It is a mental and emotional dependence, and it is much harder to pin down, is frequently complex and difficult to cure as compared to physical dependence.

Psychosis - a major mental disorder; any serious mental derangement... "psychosis" replaces the old term "insanity".

Psychotic - relating to or caused by severe mental disorder or disease.

Schizophrenia- a mental disease marked by loss of contact with reality and disintegration of personality - some times refered to as "split personality".

Sedative - an agent that quiets or calms activity - such drugs as barbiturates and tranquilizers (Miltown) - also relax and may eventually induce sleep.

Side Effects - a given drugnmay have many actions on the body. Usually one or two of the more prominent actions will be medically useful. The other, usually weaker, effects are called side effects. They are not necessarily harmful but may be annoying.

Stimulant - a substance which temporarily speeds up the action of the central nervous system - they produce excitation, alertness, wakefullness. Medical uses include the treatment of mild depressive states, overweight, and narcolepsy (a disease characterized by an overwhelming desire to sleep.)

Tolerance - the ability of the body to adapt itself to a poison so that it can endure or tolerate it. The building up of a tolerance to a substance requires increasingly larger doses in order to obtain the effect originally produced by its use. With many drugs, a person must keep increasing the dosage to maintain the same effect. This is characteristic with barbiturates, amphetamines, opiates and solvents.

Toxic Effects - poisoness; any substance in excessive amounts can act as a poison or toxin. With drugs the margin between the dosage that produces beneficial effects and dosage that produces toxic or undesirable effects varies greatly. Moreover, this range will vary with the person taking the drug.

Volatile Liquid - a liquid that changes rapidly and easily into a vapor as in the case of the evaporation of gasoline.

Withdrawal Illness - the extremely painfull symptoms that an abuser suffers when a substance upon which his system has become physically dependent is withheld. Some of the symptoms are like a severe case of the flu- nausia, fever, hot and cold spells, shaking, convulsions, muscle spasms, etc.

Current Laws Relating to Control of Drugs

International (United Nations)

1. The Permanent Central Opium Board
2. Drug Supervisory Body
   A. Studies legitimate narcotic needs throughout the world
   B. Encourages production and distribution quotas limited to those needs.
3. Commission of Narcotic Drugs - gives technical assistance to countries requesting it
4. World Health Organization (WHO) - Disseminates information and internationally agreed upon medical and health standards
5. Interpol (International Criminal Police)
   A. Acts as a clearing house for information about crimes and criminals
   B. Does not have any powers to enforce laws against drug traffic

Federal Laws

1. Harrison Act (1914) and amendments (amended seven times).
   A stamp act tax brings it under the Treasury Department
   Provisions:
   A. Registration of individuals and firms which manufacture, buy or sell narcotics.
   B. The impost of special taxes on narcotic buyers and sellers.
   C. Requirements for special record keeping by those dealing with narcotics.
   D. Provision for severe penalties for illicit sale or possession of narcotic drugs.

2. Amendments to the Harrison Act.
   A. Narcotic Drugs Import and Export Act (1922)
      Legislation intended to eliminate the use of narcotics in this country except for legitimate use.
   B. Marijuana Tax Act (1937)
      Provides control over marijuana similar to the controls the Harrison Act has over narcotics. (see provisions under Harrison Act)
   C. Opium Poppy Control Act (1942)
      Prohibits the growing of opium poppies in the U.S. except under license.
   D. Boggs Act (1951)
      Establishes mandatory, severe penalties for conviction on narcotics charges.
   E. Boggs-Daniel Amendment (1956)
      Legislation intends to impose very severe penalties for those convicted on narcotics or marijuana charges.
   F. Drug Abuse Control Amendments (1965)
      Adopts strict controls over stimulants, depressants, LSD and similar substances with provisions to add new substances as the need arises.
      (1) Specific penalties for violation of the Drug Laws
      (2) Abuse Control Amendment
         a. First offender - $1,000 fine or up to a year in jail or both

b. Subsequent offenses - $10,000 - up to three (3) years, or both
c. Sellers to those under 21 - $5,000 or two (2) years or both for first offender
d. Subsequent offenders - $15,000 or six (6) years or both

3. Penalties
   A. Illegal Sale
      1. $20,000 fine and a five (5) to twenty (20) year term (first offense)
      2. Subsequent offenses - same fine and a ten (10) to forty (40) year term
      3. Sale to persons under 18 (parole and probation denied)- life term or even death
   B. Illegal Possession
      1. Fines and/or 2-10 years (first offense)
      2. 5-20 years (second offense)
      3. 10-20 years for subsequent offenses
      4. Parole and probation denied after first offense

North Carolina Laws

I. Uniform Narcotic Drug Act - Article 5

A. Definition of Narcotic Drugs
(GS 90-87 (9))
"Narcotic drugs means coco (cocoa) leaves, opium, opium poppy, cannabedial, tetrahydro-cannabinal (THC), cannabes, peyote, mescaline, psilocybe mexicana, psilocybin, lysergic acid diethylamide (LSD), or other paychodelic drugs or hallucinogens, or any derivatives of any of these which possess hallucinogenic properties, and every other substance neither chemically nor physically distinguishable from them; and any drugs to which the federal narcotic laws may now apply; and any drug found by the State Board of Health, after reasonalbe notice and opportunity for hearing to have an addiction - forming or addiction - sustaining liability similar to morphine or cocaine, or possesses hallucinogenic properties similar to lysergic acid diethylamide, from the effective date of determination of such finding by the State Board of Health.

B. It is unlawful for any person to manufacture, possess, have under his control, sell, prescribe, administer, dispense or compound any narcotic drug except as authorized in the General Statue (GS) 90-88 through 90-97. It is illegal to grow marijuana or opium poppy (90-111.1).

C. There are specific laws concerning records of drugs, labeling packages containing drugs, places unlawfully possessing drugs, possession of hypodermic syringes and needles and many other related areas in the General Statutes 90-98 through 90-110."

D. Penalties for Violation (GS 90-111)

1. "Any person who violates any provision of this article or any person who conspires, aids, abets or procures others to do such acts shall upon conviction be punished."
   a. 1st offense - fine up to $1,000, prison up to 5 years or both
   b. 2nd offense - fine up to $2,000 and prison between 5 - 10 years
   (or if 1st offense if defendent has previously been convicted of violating any law of U.S. which would have been punishable in North Carolina)
   c. 3rd or subsequent violation - fine up to $3,000 and prison term 15 to life
   (or if defendent has been convicted 2 or more times in violation of any U.S. law)
   d. Upon conviction of second or subsequent offense the sentence provided shall not be suspended and probation shall not be granted.
   e. If the offense consists of the sale, barter, peddling, exchange, dispensing or supplying of marijuana or a narcotic drug to a minor by an

adult, then punishment is a prison term not less than 10 years nor more than life and fine up to $3,000.

In this case, sentence shall not be suspended and probation not granted - for first and all subsequent offenses.

2. It shall be considered a misdemeanor which is punishable by fine and/or up to 2 years in prison if the 1st offense is:
   (a) possession of 1 gram or less of marijuana (dried flowering tops of cannabis)
   (b) 1/10 gram or less of hashis (pure resin from cannabis)

II. Barbiturates and Stimulant Drugs
Article 5A

A. "Barbiturate drugs" and "Stimulant drugs" are defined in technical terms in the general statute 90-113.1.

B. Prohibited Acts (GS) - It is unlawful:
   1. to deliver any barbiturate or stimulant drugs unless delivered by a pharmacist in good faith upon receipt of prescription and the drug is to contain proper labeling
   2. to refill any prescription unless authorized by the practitioner
   3. to possess the drug unless obtained by prescription
   4. to obtain or attempt to obtain the drug by fraud, deceit, misrepresentation, or forgery or alteration of a prescription, or by using false name or address
   5. to possess for purpose of sale, exchange, give away any barbiturate or stimulant drug and possession of 100 or more tablets will be prima facie evidence that possession is for purpose of sale.
   6. to possess a hypodermic syringe or needle which is possessed for purpose of administering drug unless it is authorized by a physician certificate within the year
   7. to impersonate a practitioner (GS 90 - 113.2)

C. Penalties for Violation (GS 90 - 113.8)
   1. Any person who violates or conspires with, aids, abets, or procures another to violate GS 90 - 113.2 (5) shall be guilty of a felony
      1st offense - imprisoned 6 months to 5 years
      2nd or more - imprisoned 1 year to 10 years
   2. Any person violating any other section of GS 90-113.2 other than (5) shall be guilty of a misdemeanor.
      1st offense - fine up to $1,000 prison up to 2 years or both
      2nd offense (guilty of a felony) - fined or imprisoned or both at court's discretion
   3. Any person violating provisions GS 90-113.9 through GS 90-113.11 shall be guilty of a misdemeanor and punished by the court's discretion. (these provisions deal with the illegal use and possession of glue and other such intoxicants)

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